



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/669,825
		Filing Date	September 23, 2003
		First Named Inventor	Krishna Parat
		Art Unit	2829
		Examiner Name	KILDAY, LISA A.
Total Number of Pages in This Submission	14	Attorney Docket Number	42P13217D

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; min-height: 40px;">           Check in the amount of \$72.00            Return Postcard         </div>
Remarks		

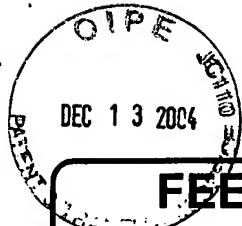
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 8, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Kristin A. Morrow		
Signature		Date	December 8, 2004



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\$)**      **72.00**

## Complete if Known

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## METHOD OF PAYMENT (check all that apply)

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	790	2001	395	Utility filing fee
1002	350	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

### 2. EXTRA CLAIM FEES

Total Claims	24	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	20* = 4	X 18.00 =	\$72.00
Multiple Dependent		4* = 0	X 88.00 =	\$0.00

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple Dependent claim, if not paid
1204	88	2204	44	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		72.00

\*\*or number previously paid, if greater. For Reissues, see below

## 3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
2053	130	2053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	430	2252	215	Extension for reply within second month			
1253	980	2253	490	Extension for reply within third month			
1254	1,530	2254	765	Extension for reply within fourth month			
1255	2,080	2255	1,040	Extension for reply within fifth month			
1404	340	2401	170	Notice of Appeal			
1402	340	2402	170	Filing a brief in support of an appeal			
1403	300	2403	150	Request for oral hearing			
1451	1,510	2451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unavoidable			
1453	1,370	2453	685	Petition to revive - unintentional			
1501	1,370	2501	685	Utility issue fee (or reissue)			
1502	490	2502	245	Design issue fee			
1503	660	2503	330	Plant issue fee			
1460	130	2460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
1801	790	2801	395	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify)							

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)**

## SUBMITTED BY

Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature				Date	12/08/04